



AUTHORISATION TO PROVIDE ACCESS TO COFANET

Register by letter, e-Mail or fax

To COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE EXTERIEUR Lietuvos filialas
Vilnius st. 23,
LT-01402 Vilnius

We hereby authorise COMPAGNIE FRANCAISE D'ASSURANCE POUR LE COMMERCE EXTERIEUR Lietuvos filialas, to enable the person designated below as well as other persons authorised by this designated person to access electronic data in Cofanet (in particular, information on credit applications/limits and notifications of overdue accounts). We understand that we may revoke this authorisation at any time.

AUTHORISED PERSON

Company name _____
Adress _____
Name and surname _____
e-Mail _____

POLICY NUMBER

a) _____
b) _____
c) _____

Company name

Place, date

(Name and surname, position, signature)

Authorised signature